

WRITE PL. AND M. IN CASE OF MORE THAN ONE CHILD AT A BIRTH. A SEPARATE RETURN must be made for each, and the number of each. In order of birth stated.

PLACE OF BIRTH

1. County of Pima  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Daniel Dili (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 } If child is not yet named, make  
 } supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth 10 21 26  
 Month day year

8. FATHER  
 Full name Mason Dili  
 9. Residence (Usual place of abode) Rice Ariz  
 If nonresident, give place and state

10. Color or race 4/4 Indian 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Rice Ariz  
 (State or country)

13. Occupation Cowman / Farmer  
 Nature of industry

14. MOTHER  
 Full maiden name Alice Thorn  
 15. Residence (Usual place of abode) Rice Ariz  
 If nonresident, give place and state

16. Color or race 4/4 Indian 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Rice Ariz  
 (State or country)

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother (a) Born alive and now living 2  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 AM on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
 Signature C. H. Sawyer M.D.  
 Address San Carlos Ariz  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. Filed \_\_\_\_\_, 19\_\_\_\_  
 Local Registrar.

Registrar. Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

449-1021-135